

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 2003 APR #3 P 12-22 (Ethics Commission filers)		Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI John H.		NICKNAME LAST SUFFIX Sanders		OFFICE USE ONLY Date Received ✓ Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER ADDRESS ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 5019 Lakewood San Antonio, Texas 78220 <input type="checkbox"/> Change of Address				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Dr. Howard		NICKNAME LAST SUFFIX Anderson		6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 101 Hub Ave San Antonio, Texas 78220
	7 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (210) 227-5824				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/03 03/24/03				
10 ELECTION	ELECTION DATE Month Day Year 05/04/03		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) City Council District 2		12 OFFICE SOUGHT (if known) City Council District 2		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name Address / PO Box: Apt. / Suite #: City: State: Zip Code				
	<input type="checkbox"/> additional pages				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

RECEIVED
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CITY CLERK

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

John H. Sanders

2003 APR -3 P 12-22

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 500.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS. UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

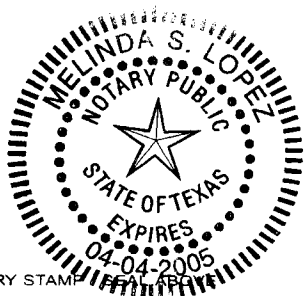
\$ 1150.12

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

19 AFFIDAVIT



AFFIX NOTARY STAMP

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15 - Election Code.

John H. Sanders
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John H. Sanders, this the 3rd day of April, 2003, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
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CITY CLERK
FOR OFFICIAL USE ONLY: OH-SS, SC-C/OH,
SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3 P 12-23
Total pages this Schedule 23

2 FILER NAME

John H. Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/17/
03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Gloria Bryant

7 Amount of
contribution (\$)

\$500.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

355 W. Broadview Dr
San Antonio, Texas 78228

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

John H. Sanders

2003 APR -3 P 12:23

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/21/03

5 Payee name

Papadeaux Seafood Kitchen

6 Payee address; City; State; Zip Code

76 North East Loop 410
San Antonio, Texas 78216

7 Amount (\$)

\$50.12

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Strategy Meeting

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

1/09/03

Payee name

Ceasar Chavez March

Payee address; City; State; Zip Code

Amount (\$)

\$250.00

Purpose of payment (See instructions regarding type of information required.)

Fundraiser

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

1/13/03

Payee name

Bethel UMC

Payee address; City; State; Zip Code

227 S. Acme Rd
San Antonio, Texas 78237

Amount (\$)

\$100.00

Purpose of payment (See instructions regarding type of information required.)

Fundraiser

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

1/28/03

Payee name

Sheila McNeil

Payee address; City; State; Zip Code

4545 Hoeneke #401
San Antonio, Texas 78219

Amount (\$)

\$400.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Finance Report

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

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SCHEDULE F

The instruction Guide explains how to complete this form.

2003 APR

1 Total pages Schedule F:
3 P 12:23

2 FILER NAME

John H. Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/28/03

5 Payee name

City of San Antonio

7 Amount (\$)

\$100.00

6 Payee address; City; State; Zip Code

P.O. Box 839966

San Antonio, Texas 78283

8 Purpose of payment (See instructions regarding type of information required.)

Election Filing Fee

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

2/26/03

Payee name

American Heart Association

Amount (\$)

\$250.00

Payee address; City; State; Zip Code

8415 Wurzbach

San Antonio, Texas 78229

Purpose of payment (See instructions regarding type of information required.)

Fundraiser

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED